

One Voice Can Make a Difference
Mental Health Advocacy Day
May 29th 2015
Hilton Garden Inn
2229 Grand Avenue
Laramie, WY 82070
307-745-5500

Application for Financial Support
Application deadline May 20th 2015:

Please PRINT the following information

Contact Information:

Name _____ Title _____
Organization/Agency _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone (_____) _____ Fax (_____) _____ E-mail _____

Emergency Contact Information:

In case of emergency, please contact:

Name _____ Relationship _____
Organization/Agency _____
Address _____
City _____ State _____ Zip _____
Telephone (_____) _____ Emergency Telephone (_____) _____

Demographic Information (optional):

Gender	Age	Ethnicity	NAMI Wyoming Member	Physical Disability	U. S. Citizen
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 18 – 25 <input type="checkbox"/> 26 – 55 <input type="checkbox"/> 56 +	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Scholarship Includes:

✓ 1 night hotel in Laramie, WY on May 28th.

- ✓ \$50 stipend (4 hour drive or under) or \$75 stipend (Over a 4 hour drive) For Driver only, if you carpool you will not receive this money.

Lodging Information:

Please indicate if you need an accessible room and if you would like to room with another individual

☐ Yes ☐ No If yes, State limitation I need an accessible room _____

Roommate Preference: _____

Additional Information:

Please provide the review committee with the following information on a separate sheet if needed:

1. What are the reasons you wish to attend this event?
2. How you will share the information obtained at this event to local or statewide consumer groups?
3. What are the specific advocacy topics relating to mental health are you most interested in?

Scholarship Conditions:

Please note that to be eligible for this scholarship, you must be a mental health consumer.

If you are selected as a scholarship recipient, NAMI Wyoming will contact you by May 25th 2015(or before if received early).

NAMI Wyoming will be making all hotel reservations for this event: Please DO NOT contact the hotel directly

Signature _____ Date _____

Please submit your completed application by U. S. mail or via e-mail attachment:

Tammy Noel
Executive Director
NAMI Wyoming
PO Box 1883
Casper, WY 82602

E-Mail: Namiwyominginfo@gmail.com

If you have questions, you may contact NAMI Wyoming staff at the following: phone 307-265-2573 or e-mail: Namiwyominginfo@gmail.com.

Please note that your complete application must be postmarked by May 20th 2015.